

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): Diana J. Parsons

Docket No.

parsons 3

Application No.
10/735362Filing Date
12/12/2003Examiner
Sharmila S. GollamudiCustomer No.
40198Group Art Unit
1616Invention: **METHOD AND PROCESS FOR PRODUCING YOUTHFUL-APPEARING, SMALL-PORED AND SMOOTH SKIN**

NOV 22 2006



I hereby certify that the following correspondence:

Amendment

(Identify type of correspondence)

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

November 22, 2006

(Date)

Donita King

(Typed or Printed Name of Person Mailing Correspondence)

(Signature of Person Mailing Correspondence)

EQ 393195101 US

("Express Mail" Mailing Label Number)

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11-24-06

I/P

AMENDMENT TRANSMITTAL LETTER (Small Entity)					Docket No. parsons 3																																				
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Application No. 10/735,362	Filing Date 12/12/2003	Examiner Sharmila S. Gollamudi	Customer No. 40198	Group Art Unit 1616	Confirmation No. 1804																																				
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<u>COMMISSIONER FOR PATENTS:</u>																																									
<p>Transmitted herewith is an amendment in the above-identified application.</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="6" style="padding: 5px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 15%;"></th> <th style="width: 20%;">CLAIMS REMAINING AFTER AMENDMENT</th> <th style="width: 20%;">HIGHEST # PREV. PAID FOR</th> <th style="width: 20%;">NUMBER EXTRA CLAIMS PRESENT</th> <th style="width: 15%;">RATE</th> <th style="width: 15%;">ADDITIONAL FEE</th> </tr> </thead> <tbody> <tr> <td>TOTAL CLAIMS</td> <td>13 -</td> <td>20 =</td> <td>0</td> <td>x \$25.00</td> <td>\$0.00</td> </tr> <tr> <td>INDEP. CLAIMS</td> <td>1 -</td> <td>3 =</td> <td>0</td> <td>x \$100.00</td> <td>\$0.00</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td>\$0.00</td> </tr> <tr> <td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</td> <td>\$0.00</td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No.</p> <p><input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p> <i>Signature</i></p> <p>Dated: November 22, 2006</p> <p>Kenneth M. Bush Reg. No. 40,544 Bush Intellectual Property Law Group, LLC P.O. Box 381146 Birmingham, AL 35238 Phone: (205) 972-0181 Facsimile: (205) 972-0163</p> <p>I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ (Date)</p> <p><i>Signature of Person Mailing Correspondence</i></p> <p><i>Typed or Printed Name of Person Mailing Correspondence</i></p>						CLAIMS AS AMENDED							CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	TOTAL CLAIMS	13 -	20 =	0	x \$25.00	\$0.00	INDEP. CLAIMS	1 -	3 =	0	x \$100.00	\$0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
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